



FROM-BEUSSE WOLTER ET AL

4079267720

T-861 P.04/04 F-190

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09/16/2006

BEUSSE BROWNLEE WOLTER MORA & MAIRE
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Joseph Fischer

(Depositor's name)

(Signature)

September 11, 2006

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.
09/909,414	07/19/2001	Frank L. Graham	ADVEC10CA	7286

TITLE OF INVENTION: RECOMBINASE-BASED SYSTEM FOR CONSTRUCTION OF ADENOVIRUS VECTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/16/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
VOGEL, NANCY S	1636	435-462000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph Fischer2 Beusse, Wolter, Sanks,3 Mora & Maire, PA**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AdVec, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Ancaster, Ontario, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____**4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)**☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form)**5. Change in Entry Status (from status indicated above)**☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

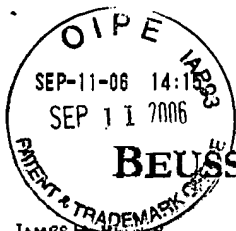
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Authorized Signature _____

Date September 11, 2006Typed or printed name Joseph FischerRegistration No. 51,210

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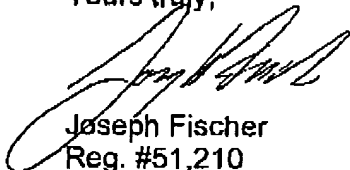
TO : Commissioner for Patents
COMPANY : USPTO
FAX No. : 1-571-273-2885
No of PAGES : 4 (including cover sheet)
FROM : Joseph Fischer
DATE : September 11, 2006
RE : Serial Number 09/909,414; Filed 7/19/2001
ATTY. DOCKET NO: 10509-030 (previously Advec10CA)

VIA FACSIMILE ONLY

Attached please find for entry into the above-referenced application:

1. Transmittal Form
2. Part B - Issue Fee Transmittal; and
3. Form 2038.

Yours truly,



Joseph Fischer
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Joseph Fischer



FROM-BEUSSE WOLTER ET AL

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T-861 P.02/04 F-190

PTO/SB/21 (08-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/909,414
Filing Date	7/19/2001
First Named Inventor	Frank L. Graham
Art Unit	1636
Examiner Name	VOGEL, Nancy S.
Attorney Docket Number	10509-030 (previously AdVec 10CA)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Beusse Wolter Sanks Mora & Maire, P.A.		
Signature			
Printed name	Joseph Fischer		
Date	September 11, 2006	Reg. No.	51,210

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Typed or printed name	Joseph Fischer	Date	September 11, 2006

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